

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET

SERIAL NO.

APPLICANT(S)

FILING DATE

07-15-03

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT		
	IND	DEP	IND	DEP	IND	DEP	
1	1						
2		1					
3		1					
4	1						
5		1					
6	1						
7		1					
8		7					
9		7					
10	1						
11		1					
12		1					
13		1					
14		1					
15		1					
16		1					
17		1					
18		8					
19							
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TOTAL IND.

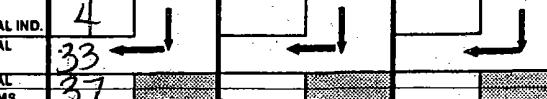
4

TOTAL DEP.

33

TOTAL CLAIMS

37



TOTAL IND.

100

TOTAL DEP.

100

TOTAL CLAIMS

100

